



City of Rochester

Fire Department
185 Exchange Blvd., Ste 665
Rochester, New York 14614-2124
www.cityofrochester.gov



Fire Safety
Division

Office of the Fire Marshal
Telephone: (585) 428-7037
Fax: (585) 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Gatchouse Restaurant

NAME

Date Feb 2, 2010

274 N. Goodman St.

ADDRESS

Rochester NY

CITY, STATE, ZIP

FILE

Inspection of the premises located at same reveals violations of the Rochester Fire Prevention Code. Orders are hereby issued for **immediate correction** of violations listed herein. Compliance shall be verified by the Fire Marshal.

Failure to comply with these orders may result in issuance of Municipal Code Violation Ticket with following penalties:

	INITIAL	FAILURE TO RESPOND
1st OFFENSE	\$ 75	\$150
2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

1 solid fuel pizza oven Red Tagged until
flue can be checked by an Captive Air trained
installer.

General supply company of Rochester will make repairs
as per Mike Corson (business owner)

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal L. R. Lovell

DATE OF COMPLIANCE 2-3-2010

Fire Marshal L. R. Lovell

FD 506

MAHAR-FORD

GENERAL SUPPLY CO. INC.

"Rochester's Food Service Equipment Center"

366 LYELL AVENUE

PHONE (585) 647-2311

ROCHESTER, N.Y. 14606

FAX (585) 647-2346

COMPLETE
DESIGN & CONSULTING
SERVICE

RESTAURANT-INSTITUTIONAL
KITCHEN
EQUIPMENT & SUPPLIES

COMMERCIAL
REFRIGERATION
SALES-SERVICE

SOLD TO

GATE HOUSE

ADDRESS

DATE

2/3/10

SOLD BY

QUANTITY ORDERED	DESCRIPTION	PRICE	AMOUNT
	REPAIR JOINTS		
	+ REPLACE 4 V		
	CLAMPS ON		
	PIZZA OVEN DUCT		

Thank You!

RETURNED MERCHANDISE

SUBJECT TO 25%

RESTOCKING CHARGE.

SPECIAL ORDERS ARE NOT RETURNABLE

TAX

TOTAL

IMAGE NOW BY MAHAR 585-248-9560

CONTRACTORS INVOICE

WORK PERFORMED AT:

TO: Gatehouse

Chimney Co
James P. Krug
26 Somerset Lane
Victor N.Y. 14564

DATE: 12/7/09

YOUR WORK ORDER NO.

OUR BID NO.

DESCRIPTION OF WORK PERFORMED

Chimney cleaning & inspection
+ chemical treatment

550.00

THANK YOU

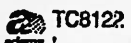
[Signature]

All Material is guaranteed to be as specified, and the above work was performed in accordance with the drawings and specifications provided for the above work, and was completed in a substantial workmanlike manner for the agreed sum of _____

Dollars (\$ _____).

This is a ☐ Partial ☐ Full invoice due and payable by: _____
Month _____ Day _____ Year _____

in accordance with our ☐ Agreement ☐ Proposal No. _____ Dated _____
Month _____ Day _____ Year _____



CONTRACTORS INVOICE

Person contacted:

<input type="checkbox"/> LICENSE	<input checked="" type="checkbox"/> EAST
<input checked="" type="checkbox"/> PERMIT	<input type="checkbox"/> WEST
<input type="checkbox"/> COMPLAINT	<input type="checkbox"/> SPECIAL
REFERRAL	

[illegible]

Sprinkler System

Alarm Permit

Cooking Hood

Fire Alarm System

Standpipe System

Cooking System

Bars/Wires on Windows

Lock Box

Posted Occupancy

Y	N
✓	
✓	
✓	
	✓
✓	
	✓
	✓
John	

Permit#

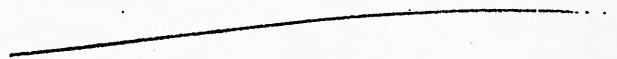
Local Central (circle one)

APPROVED
FIRE SAFETY DIVISION

AL Richards

Fire Marshal

~~Exit sign~~



INSPECTION REPORT PERMIT MONTH: FEBRUARY 2010

INSPECTION DATE: 11/12/10

LOCATION: 274 GOODMAN

ST N 05 OWNER: GATE HOUSE RESTAURANT
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: _____ TYPE OF OPERATION: _____

PERSON CONTACTED: MIKE CORSON PHONE NO: 4732090 APPOINTMENT: (Y/N) _____

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE	FEE	PERMIT	
5412B16	70	02033	OVEN OR KILN OPERATION INDUST/COMM

John A. Bent

2 violations

*Fire alarm
system
report*

1/10 ent sig

DATE VIOLATIONS ISSUED: _____ 20 _____ CORRECTED: _____ 20 _____

DATE OF APPROVAL FOR PERMIT: _____ 20 _____ SIGNATURE: _____

----- FOR OFFICE USE ONLY -----

DATE PERMIT ISSUED: _____ 20 _____ DATE EXPIRED: _____ 20 _____

PERMIT NUMBER: _____ FEE REQD: _____



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Division

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Telephone: (585) 428-7037
Fax: (585) 428-6785

AL Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Date 1/12/10

Gate House Restaurant
NAME

274 N. Goodman St.
ADDRESS

Rochester N.Y. 14607
CITY, STATE, ZIP

473-2090

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3rd & SUBSEQUENT	\$375	\$750

NYS.F.C. 901.6. Send fire alarm system inspection report. - fax to 428-6785.

NYS.F.C. 1028.7.4. Illuminated exit signage. inoperative. (Rear door.)

Received by: _____
NAME

By Order of
Fire Marshal

TITLE

DATE

Fire Marshal

ALBERT P. Richards
AL Richards

Fire Marshal

DATE OF COMPLIANCE _____

Fax



Subject: Fire Alarm Test

cc:

Date: January 29, 2010

To: Al Richards

Phone Number: 428-7037

Fax Number: 428-6785

From: Michael Corson

Phone Number: 473-2090

Fax Number: 473-2092

Comments:

I also got the Exit sign in working condition.

3 Pages



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Fax: (585) 428-6785

AL Richards
428-3685

NOTICE OF VIOLATION

AND ORDER TO COMPLY

Gate House Restaurant
NAME

Date 1/12/10

274 N. Goodman St.
ADDRESS

Rochester N.Y. 14607
CITY, STATE, ZIP

473-2090

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2nd OFFENSE	\$150	\$300
3rd & SUBSEQUENT	\$375	\$750

N.Y.S.F.C. 901.6 Send fire alarm system inspection report. - fax to 428-6785.

N.Y.S.F.C. 1028.7.4 Illuminated exit signage. inoperative. (Rear door.)

Received by: Michael Corson
NAME

Owner
TITLE

1/28/10
DATE

By Order of
Fire Marshal

Fire Marshal

ALBERT P. RICHARDS
AL Richards

Fire Marshal

DATE OF COMPLIANCE _____

FD 506

Szulgit Electric Inc.
637 Hazelwood Terrace
Rochester, NY 14609
585-224-9617
Fire Alarm Inspection And Test

Date 1-24-10 Make Honeywell Model Vista 128FBP
 Customer Crane House

Quantity	Tested	Device	Status	Comments
1	1	Control Panel	OK	
1	1	Rechargeable Batteries	OK	
3	3	Smoke Detectors	OK	
5	5	Heat Detectors	OK	
3	3	Manual Fire Pull Stations	OK	
2	2	Fire Alarm Horn/Strobes	OK	
2	2	Fire Alarm Strobe Lights	OK	
0	0	Duct Detectors		
0	0	RTS Remote Test Switch		
0	0	Magnetic Door Holders		
0	0	Flow Switches		
0	0	Tamper Switches		
Comments: <u>Tied into building Fire Panel</u>				

Technician: Ben Fung
 Customer: [Signature]



SHIELD ALARM SYSTEMS

967 Five Mile Line Road • Webster, New York 14580 • Phone (585) 671-0996

INSPECTION AND TESTING REPORT

SERVICE ORGANIZATION

NAME: SHIELD ALARM SYSTEMS, INC.

ADDRESS: 967 FIVE MILE LINE ROAD

CITY/STATE: WEBSTER NEW YORK

REPRESENTATIVE: GARY BLASCHEK

LICENSE # 12000202607

TELEPHONE: 585-671-0996

FAX: 585-787-1556

PROPERTY NAME

NAME: VILLAGE GATE CwING

ADDRESS: 274 N. GOODMAN

CITY/STATE: ROCHESTER NY

OWNER: CARL STERN

TELEPHONE: 442-9061

DATE: 4/2/10

MONITORING ENTITY:

NOT MONITORED YET

CONTACT: EMERGENCY 24

TELEPHONE: 1-800-877-3624

ACCOUNT # 4D--

TYPE TRANSMISSION:

DIGITAL: X

RADIO: —

CELL: —

OTHER: —

SERVICE SCHEDULE:

ANNUALLY: X

SEMI-ANNUALLY: —

QUARTERLY: —

OTHER: —

PANEL MANUFACTURE:

FIRELITE MS 10UD

CIRCUIT STYLE: A+B

NUMBER OF CIRCUITS: 10

LAST TEST PERFORMED: 3/31/10

ALARM INITIATING DEVICES:

QUANTITY:

2

15

—

1

—

CIRCUIT STYLE:

B

B

—

B

—

MANUAL PULL STATIONS

SMOKE DETECTORS

WATER FLOW SWITCHES

HEAT DETECTORS

ANSUL SYSTEM

ALARM INITIATING DEVICES:

QUANTITY:

CIRCUIT STYLE:

—
—
—
—
—

—
—
—
—
—

SMOKE BEAMS

DUCT DETECTORS

SUPERVISORY SWITCHES

OTHER

ALARM INDICATING DEVICES

QUANTITY:

CIRCUIT STYLE:

32
—
—
—
—
—

B
—
—
—
—
—

HORN/STROBES

STROBES

BELLS

SPEAKERS

DOOR MAG

OTHER

32

TOTAL

ARE CIRCUITS SUPERVISED

YES X

NO —

SYSTEM POWER SUPPLIES

PRIMARY VOLTAGE: 117

OVERCURRENT PROTECTION: C.B

LOCATION OF ELEC PANEL: MECH ROOM

CIRCUIT # 13

SYSTEM SECONDARY STANDBY POWER:

BACKUP BATTERY TYPE: CELL CELL

AMP-HR RATING: 14

CALCULATED CAPACITY TO OPERATE SYSTEM IN HOURS: X 24 — 60

EMERGENCY OR STANDBY SYSTEM USED AS BACKUP TO PRIMARY POWER SUPPLY, INSTEAD OF USING A SECONDARY POWER SUPPLY:

EMERGENCY SYSTEM DESCRIBED IN NFPA 70, ARTICLE 700
LEGALLY REQUIRED STANDBY DESCRIBED IN NFPA 70, ARTICLE 701
OPTIONAL STANDBY SYSTEM DESCRIBED IN NFPA 70 ARTICLE 702
WHICH ALSO MEETS THE PERFORMANCE REQUIREMENTS OF ARTICLE 700

PRIOR TO ANY AND ALL TESTING

NOTIFICATIONS ARE MADE:	<u>YES</u>	<u>NO</u>	<u>WHO</u>	<u>TIME</u>
MONITORING ENTITY	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
BUILDING OCCUPANTS	<u>X</u>	<u> </u>	<u>WORKERS</u>	<u>1300</u>
BUILDING MANAGEMENT	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
OTHER (SPECIFY)	<u> </u>	<u> </u>	<u> </u>	<u> </u>
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<u> </u>	<u> </u>	<u> </u>	<u> </u>

SYSTEM TEST AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<u>X</u>	<u>X</u>	<u>NEW PANEL</u>
INTERFACE EQUIP.	<u> </u>	<u> </u>	<u> </u>
LAMPS/LEDS	<u>X</u>	<u>X</u>	<u> </u>
FUSES	<u> </u>	<u> </u>	<u> </u>
PRIM POWER SUPPLY	<u>X</u>	<u>X</u>	<u> </u>
DISCONNECT	<u>X</u>	<u>X</u>	<u> </u>
GROUND FAULT	<u>X</u>	<u>X</u>	<u> </u>

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<u>X</u>	<u>XXXXXX</u>	<u> </u>
LOAD VOLTAGE	<u>XXXXXX</u>	<u>X</u>	<u> </u>
DISCHARGED TEST	<u>XXXXXX</u>	<u>X</u>	<u> </u>
CHARGE TEST	<u>XXXXXX</u>	<u>X</u>	<u> </u>
TRANSIENT SUPP.	<u>X</u>	<u>XXXXXX</u>	<u> </u>
REMOTE ANN.	<u> </u>	<u> </u>	<u> </u>

INTERFACE EQUIPMENT

N/A

VISUAL

DEVICE OPERATION

SPECIAL PROCEDURES:

N/A

ON/OFF PREMISES MONITORING:

	YES	NO	TIME
ALARM SIGNAL		<input checked="" type="checkbox"/>	NOT MONITORED YET
ALARM RESTORAL			
TROUBLE SIG.			
TROUBLE REST.			
SUP. SIGNAL			
SUP. RESTORAL			

NOTIFICATION THAT TESTING IS COMPLETE

NOTIFICATION MADE TO:	YES	NO	WHO	TIME
MONITORING ENTITY		<input checked="" type="checkbox"/>		
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>		WORKERS	1430
MANAGEMENT				
OTHER				
AHJ (NOTIFIED) OF ANY IMPAIRMENTS				

THE FOLLOWING DID NOT OPERATE CORRECTLY:

N/A

WHO WAS NOTIFIED OF THE ABOVE INDICATED OPERATION PROBLEMS:

____ AHJ NAME _____
____ MANAGEMENT NAME N/A
____ OWNER NAME _____
____ OTHER NAME _____

SYSTEM RESTORED TO NORMAL OPERATION:

DATE 3/31/10 TIME 1500 BY Garry Blaschek

SIGNATURE Garry Blaschek

THIS TEST WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

PRINT NAME OF INSPECTOR Garry Blaschek

SIGNATURE OF INSPECTOR Garry Blaschek

DATE: 4/2/10
TIME: 1500

NAME OF OWNER _____

SIGNATURE OF OWNER _____

DATE: _____
TIME: _____

UNIQUE ID NUMBER
12000202607

State of New York
Department of State
DIVISION OF LICENSING SERVICES

FOR OFFICE USE ONLY
Control
No. 51035

PURSUANT TO THE PROVISIONS OF ARTICLE 60 OF THE
GENERAL BUSINESS LAW AS IT RELATES TO THE BUSINESS
OF INSTALLING, SERVICING, OR MAINTAINING SECURITY
OR FIRE ALARM SYSTEMS

EFFECTIVE DATE

MO. DAY YR.
10 18 09

SHIELD ALARM SYSTEMS, INC.
967 FIVE MILE LINE RD.
WEBSTER, NY 14580

EXPIRATION DATE

MO. DAY YR.
10 17 11

HAS BEEN DULY LICENSED TO ENGAGE IN THE BUSINESS
OF INSTALLING, SERVICING, OR MAINTAINING SECURITY
OR FIRE ALARM SYSTEMS

QUALIFIER: BLASCHEK GARY J

In Witness Whereof, The Department of State has caused
its official seal to be hereunto affixed.

LORRAINE A. CORTES-VAZQUEZ
SECRETARY OF STATE

Fire Marshal

INSPECTION DATE: 2/19/10

LOCATION: 274 GOODMAN

ST N 02 OWNER: EVOLUTION IMPRESSIONS INC
274 N GOODMAN ST
ROCHESTER NY 14607

OCCUPANT: TYPE OF OPERATION:

PERSON CONTACTED: TOM GRUBER PHONE NO: 4736600 APPOINTMENT: (Y/N)

(CONDITIONS, SURROUNDINGS AND ARRANGEMENTS FOUND:

CODE FEE PERMIT

5412B10C 70 04041 FLAM/COMB LQD CLS I,II,III

5412B17 90 CMBSTBL MAT'L STRGE-OVER 2500 CU FT

Handwritten notes:
No longer
permitted
out of
city.

DATE VIOLATIONS ISSUED: 20 CORRECTED: 20

DATE OF APPROVAL FOR PERMIT: 20 SIGNATURE:

----- FOR OFFICE USE ONLY -----

DATE PERMIT ISSUED: 20 DATE EXPIRED: 20

PERMIT NUMBER: FEE REQD:

Person contacted:

Fire Marshal



LIC # 212

Check List for Vending Carts Generating Heat

Cart:

Non-Combustible/Combustible	X
Cleanliness	X
Mobile	X
Motor Vehicle	NA

Compartment:

Vented Properly at Bottom	NA X
Properly Labeled	X
Shut Off Valve	X
Cleanliness	X
Thermocoupler Steam Tray/Warmer	NA

Hose Assembly:

Approved Hose	X
Properly Installed	X
Defects in Hose (Cracks/Wear)	X
1/4 Turn 100% Shut Off Valve	X

Fire Extinguisher:

1A10-BC Classification	X	OK
Stored Properly	X	
K-Guard for Deep Fryers	NA	

Electric Generator: (Max. 110 Volts)

Mounted to Cart/Vehicle	X
10# ABC In Addition	X
Wiring to be used with Generator	X
Appliances must be Inspected	X
Ground fault/Interrupter	X

No Refueling While Cart In Use

Extension Cord Minimum 12 Ga Wire & 3 pronged

Date Inspected: 3/14/10

Inspected By: [Signature]

Applicant:

DONNA WERT

Corrections to be Made:



City of Rochester

Fire Department
185 Exchange Blvd., Ste 665
Rochester, New York 14614-2124
www.cityofrochester.gov



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Division

Office of the Fire Marshal
Telephone: (585) 428-7037
Fax: (585) 428-6785

NOTICE OF VIOLATION

AND ORDER TO COMPLY

AL Richards
off 428-3685
cell 509-4645

Date 2/3/10

Bop Shop

NAME

274 N. Goodman St

ADDRESS

Rochester, N.Y 14607

CITY, STATE, ZIP

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3rd & SUBSEQUENT	\$375	\$750

NYS FC. 605. (1) Open electrical switch box
over furnace unit.

* call inspector when corrected

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal AL Richards

Fire Marshal AL Richards

DATE OF COMPLIANCE 2/22/10

AC

[illegible]

sprinkler System
 Alarm Permit
 Cooking Hood
 Fire Alarm System
 Gas and pipe System
 Locking System
 Ladders/Wires on Windows
 Mail Box
 Restricted Occupancy

[illegible]

oh Virus!

Permit# _____

Local Central (circle one)

APPROVED

APPROVED
FIRE SAFETY DIVISION

At Richards

Fire Marshal

3/10/1944

1) Out come on blower's box

City
P. Rochester

Fire Suppression Systems Report

SERVICE COMPANY



ACG FIRE & SAFETY

PO BOX 148
DANSVILLE, NY 14437
Ofc (585) 728-9507
Cell (585) 957-0714

DATE OF SERVICE 2/15/10		TIME 1:00		A.M.	P.M. X
ANNUAL	SEMI-ANNUAL X	RECHARGE	INSTALLATION	RENOVATION	
LOCATION OF SYSTEM CYLINDERS on wall left side of hood					
MANUFACTURER Kongward		MODEL NUMBER KG-4G		WET X	DRY CHEMICAL
CYLINDER SIZE MASTER 4 Gallon		CYLINDER SIZE SLAVE		CYLINDER SIZE SLAVE	
FUSE LINKS 360° F.		FUSE LINKS 450° F. 3		FUSE LINKS 500° F.	
FUEL SHUT-OFF X		ELECTRIC		GAS X	SIZE 3/4"
SERIAL NUMBER		LAST HYDRO TEST DATE 1999		LAST RECHARGE DATE	
MANUFACTURER'S MANUAL REFERENCE (meet U.L. 300)					
PAGE NUMBER:			DRAWING NUMBER:		

CUSTOMER

Name **California Hall**

Address **274 N. Goodman St**

City **Rochester NY, 14607**

Telephone _____ Store No. _____

Owner or Manager _____

COOKING APPLIANCE LOCATIONS : LEFT TO RIGHT

15" Fryer	15" Fryer	4 burner range	
------------------	------------------	-----------------------	--

1. All appliances properly covered w/correct nozzles	yes	20. Replaced fuse links	yes
2. Duct and plenum covered w/correct nozzles	yes	21. Check travel of cable nuts/S-hooks	yes
3. Check positioning of all nozzles.	yes	22. Piping & conduit securely bracketed	yes
4. System installed in accordance w/MFG UL listing	yes	23. Proper separation between fryers & flame	yes
5. Hood/duct penetrations sealed w/weld or UL device	yes	24. Proper clearance-flame to filters	yes
6. Check if seals intact, evidence of tampering	yes/no	25. Exhaust fan in operating order	yes
7. If system has been discharged, report same	NA	26. All filters replaced	NA
8. Pressure gauge in proper range (If gauged)	175psi	27. Fuel shut-off in on position	yes
9. Check cartridge weight (If applicable)	16g	28. Manual & remote set/seals in place	yes
10. Hydrostatic test date meet U.L. 300	1999	29. Replace systems covers	NA
11. 6 year maintenance date	NA	30. System operational & seals in place	yes
12. Inspect cylinder and mount	yes	31. Slave system operational	NA
13. Operate system from terminal link	yes	32. Clean cylinder & mount	yes
14. Test for proper operation from remote	yes	33. Fan warning sign on hood	yes
15. Check operation of micro switch	NA	34. Personnel instructed in manual operation of system	yes
16. Check operation of gas valve 3/4"	yes	35. Proper hand portable extinguishers hask-1	yes
17. Clean nozzles	yes	36. Portable extinguishers properly serviced	yes
18. Proper nozzle covers in place	yes	37. Service & Certification tag on system	yes
19. Check fuse links and clean	yes		

NOTE DISCREPANCIES OR DEFICIENCIES BELOW

COMMENTS: _____

On this date, the above system was tested and inspected in accordance with procedures of the presently adopted editions of NFPA 17, 17A, 96 and the manufacturer's manual and was operated according to these procedures with results indicated above.

George Thistle # **E00901** **2/15/10** **1:45** **X** **AM** **PM** **CUSTOMERS AUTHORIZED AGENT**

The above service technician certifies that the system was personally inspected and found conditions to be as indicated on this report.

White - Distributor

Yellow - Customer Copy

Pink - Authority Having Jurisdiction

AC

Fire Marshal



City of Rochester

Fire Department
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Rochester, New York 14614-2124
www.cityofrochester.gov



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Division

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Fax: (585) 428-6785

Al Richards
428-3685, ofc
509-4645, cel

NOTICE OF VIOLATION AND ORDER TO COMPLY

Date 1/8/10

Rickey's Place

NAME

274 N. Goodman St.

ADDRESS

Rochester, N.Y. 14607

CITY, STATE, ZIP

442-0042

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NYS FC. 906.6 Need certified portable fire extinguisher with inspection or purchase new attach receipt. (51b ABC dry powder.)

* Note - The license can not be approved by fire Marshall's office until Above corrected.

Received by: _____
NAME

TITLE

DATE

By Order of
Fire Marshal

Fire Marshal

Fire Marshal

DATE OF COMPLIANCE

1/15/10

ALBERT P. RICHARDS
Al Richards
Al Richards

FD 506